New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts March-April 1986

NEDH celebrates 90th anniversary with birthday party

"The original deaconesses were pioneers in providing compassionate patient care."
— Laurens MacLure, president

Flowers for patients, a commemorative banner, and a birthday party were highlights of the hospital's 90th anniversary celebration on February 5.

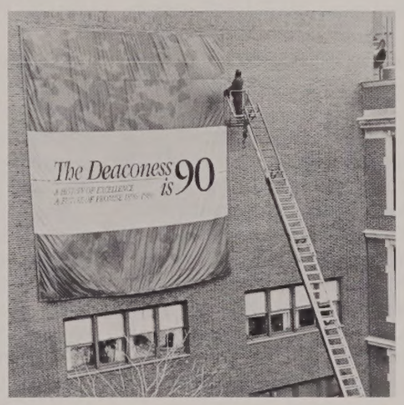
Each patient admitted to the hospital on the anniversary date received a pink carnation in honor of the day. A 26-foot-high banner with the anniversary logo was installed on the Farr building, where it will hang for the rest of the year, reminding all passersby that "The Deaconess is 90."

Those attending the birthday party in the hospital cafeteria were greeted by School of Nursing students dressed in antique student uniforms, and had an opportunity to watch a 12-minute videotape program on the hospital's history. A 650-pound birthday cake, featuring a replica of the original Deaconess hospital, was donated for the celebration by the Friends of the Deaconess. Smaller cakes were prepared for the night staff and those working at the 99 Brookline Ave. offices.

"The original deaconesses were pioneers in providing compassionate patient care," said Laurens MacLure, president, "and the reason we've been able to continue their tradition for the past 90 years is you, our employees."

Saying that it was a day to look toward the future as well as the past, MacLure announced that the hospital has taken the first steps toward eventual construction of a new patient care facility on the current site of Harris Hall. "It will take several years for us to get through the stages of planning, receiving the necessary approvals, raising funds, and building; but by our 100th anniversary, we should have a completely new Deaconess Hospital to carry us into the 21st century."

The anniversary celebration will continue throughout 1986. Currently scheduled are showings of the historical videotape in the Farr lobby and an anniversary theme for the Service Awards Dinner in April. More activities are in the planning stages and will be announced soon.



The anniversary banner will hang on the Farr Building for the rest of the year.

Dressed in a nursing student's uniform from the early 1900s, student Lisa Loveland greets people arriving at the birthday party.

Cafe 90 features new look, new menu

The NEDH Coffee Shop has a new name and a new look. Cafe 90, which officially opened on February 4, offers an expanded menu featuring lighter meals for health-conscious customers.

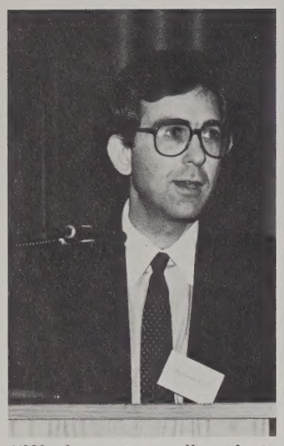
"The new name signifies both the hospital's 90th anniversary and the inauguration of a new era of service for our customers," says Joanne Wade, M.S., R.D., director of Dietetics. The cafe's new logo was designed by dietetic intern Marilyn Winrow.

Cafe 90's physical renovation includes new floor and wall coverings in a brighter color scheme. New counters constructed by the Engineering and Maintenance Department have two fold-out tables for customers in wheelchairs.

The menu now features daily specials like vegetable, turkey, or chicken sandwiches in pita bread and lentil, tabouli, and pasta salads with lemon or yogurt dressings. Old favorites will still be available, and additions will be made to the "ready to go" and takeout menus.

"These changes have been in the works for a long time," says Wade, "and were based on comments and requests from our customers. A lot of credit for implementing and coordinating the changes goes to Patty Farina [coordinator of training and quality assurance] and Chris Sturdivant [dining services manager] and to the coffee shop staff for their assistance and suggestions for future service improvements."

Starr, NEDH history highlights of annual meeting



"We have to realize that all these economic issues have moral and ethical ramifications." — Paul Starr, Ph.D.

The American health care system is in the midst of a period of profound change, characterized by new delivery systems and the breakdown of traditional distinctions between health care providers, said Pulitzer Prize-winning author Paul Starr, Ph.D., to the annual meeting of NEDH Corp. Starr, author of *The Social Transformation of American Medicine,* was the guest speaker at the January 21 meeting held at Boston's Museum of Science.

Starr traced the recent history of American health care, dividing it into three eras: from after World War II until the mid-60s, when growth and construction of hospitals, medical schools, and research facilities were emphasized; from the mid-60s to the mid-70s, when concerns about access to health care by the poor and aged were addressed by programs such as Medicaid and Medicare; and from the mid-70s to the present, when government and the private sector began to regulate and reorganize health care delivery to reduce costs.

The most recent developments have caused major changes in just the past three or four years. Previously the lines of responsibility were clearly drawn: physicians provided primary health care; hospitals provided sophisticated diagnostic tests, surgery, and other intensive services; and insurance companies (or the government) paid the bills.

Today, health maintenance organizations provide both health care and insurance coverage. Physicians offer procedures in their offices that used to be available only in hospitals, while hospitals set up primary care clinics. Decisions about patient care are subject to approval by the government, insurance companies, and other payers.

Although the new developments have had some positive effects — decreasing hospital lengths of stay and offering consumers more choices — there are problems that have not been addressed. How will the poor and uninsured be cared for under a system emphasizing competition and cost-cutting? Will national hospital chains maintain local hospitals' tradition of involvement and cooperation with their communities? Where will the physician's loyalty lie: with the patient, the payer, or the government? "We have to realize that all these economic issues have moral and ethical ramifications," said Starr.

In addition to Starr's speech, the annual meeting kicked off the hospital's 90th anniversary celebration with the showing of a new film about the Deaconess, "A History of Excellence, A Future of Promise." Introducing the film, President Laurens MacLure said, "Even from the early days, the patient always came first at the Deaconess. One physician in 1907 expressed his views on the care available at the hospital: '. . . I have never had a patient do better in any place.' "

Also at the meeting, Marvin G. Schorr was honored for his five years as chairman of the Board of Directors with a Deaconess chair, a commemorative gavel, and a caricature portrait. Colby Hewitt Jr. was installed as the new chairman of the board. Gifts and certificates of appreciation were presented to retiring directors William B. Frothingham Jr. and Charles L. Smith Jr. Corporators Harold Hestnes and R. Gregg Stone were elected to the Board of Directors, and several new corporators were elected: A. Richard Christlieb, M.D.; George W. Cook; Agnes Cullinane; Julie Henry; Carl S. Hoar Jr., M.D.; Helen Marston; and Jacob Saliba.

Committee addresses patient satisfaction needs

Providing compassionate, patient-centered care always has been the hallmark of the Deaconess Hospital. But today giving personalized care is a lot more complicated than ever before.

Staff members have increasing demands placed on their time and energies and may find it impossible to devote as much time as they would like to individual patients. Patients are faced with a sometimes bewildering array of tests and procedures and deal with many different people — not just their own physician and nurse — during their hospital stay. Government regulations require efficiency and cost containment in all aspects of hospital operations.

Recognizing that these factors might jeopardize our ability to continue providing personalized care, the hospital established a Patient Satisfaction Committee in 1982. In the past three years, the committee has undertaken several projects aimed at identifying and finding solutions to problems related to the way patients perceive their hospital stay.

Committee chairperson Joyce Tower, assistant director, says, "The committee initially set up task forces to look at specific areas such as the lobby, the admitting area, the admitting process, overall efficiency, and amenities. One of our major continuing efforts has been a questionnaire sent to 20 percent of discharged patients, asking them to evaluate specific aspects of their hospital experience, from admission to discharge."

Response to the questionnaires has been excellent, with a more than 40 percent rate of return. The results of the survey are computerized, and quarterly summaries are published and sent to administrative officers and heads of departments responsible for areas included in the survey.

"The responses indicate that more than 90 percent of our patients are usually satisfied with their experiences at the Deaconess," Tower says. "All aspects of care have been singled out for praise, but the personalized, individualized caring found here is a frequent highlight.

"We've also been able to demonstrate the positive impact of new programs. For example, since our new food service delivery system started in November 1984, surveys have shown a significant increase in satisfaction with the timeliness, temperature, and quality of meals."

However, over the past couple of years there has been a slight decrease in positive responses to questions regarding the pleasantness and courtesy of hospital staff, as well as an increase in those characterizing their care as "rushed."

"We are doing a very good job overall, but there are some areas where we could do better," Tower says. "We realize that a lot of demands are placed on employees' time and that the situation will probably get worse as DRGs demand increased efficiency from everyone."

To help employees maintain and improve their patient relations skills, several projects will begin in the coming months. Programs will offer techniques for dealing with patient problems and time pressures. The committee will be working closely with Training, Nursing, and other departments to coordinate the activities on a hospital-wide basis.

"We're going to be stressing to every individual who comes into direct contact with patients how important it is that each encounter be a positive one," Tower says. "We also want to make sure that the hospital's efforts to improve efficiency and productivity will enhance, rather than compromise, patient satisfaction."

New blood donor room more spacious, comfortable

A new donor room, opened at the NEDH Blood Bank in December, offers a more pleasant atmosphere for the hospital's blood donors. The new facility, located on Deaconess 3 across the hall from the Blood Bank labs, is larger than the old donor room, with room for five regular donors and two pheresis donors at one time.

Blood donor recruiter Marjorie Young says, "We wanted to make the donor room a more upbeat, friendlier place, somewhere people would want to come. The new area was completely renovated by our Maintenance and Engineering people, who were able to add special custom touches to fit our needs."

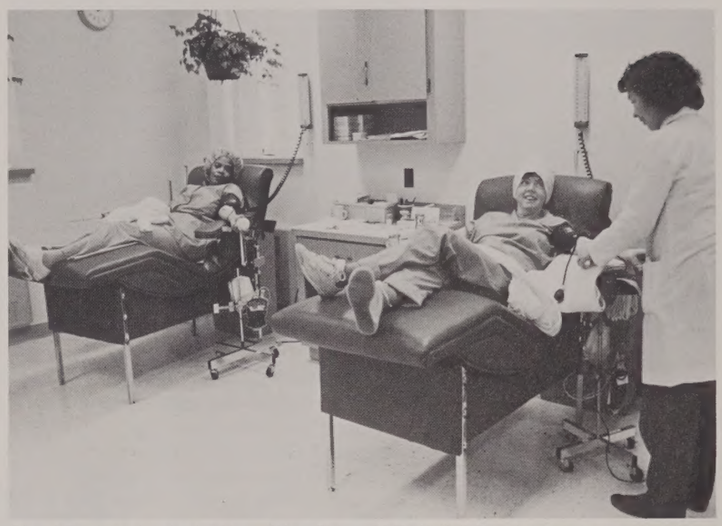
Blood donors now will find new, more comfortable chairs in an attractive room with several large windows. The predonation interview space will be screened off with solid partitions for more privacy. Computerization of all donor records will speed up the predonation interview as well.

The area for pheresis donation can be curtained off for extra privacy, since the procedure takes a couple of hours. Pheresis is a process by which a particular component of blood — usually white blood cells or platelets — is removed from the donated blood and the remaining blood products are returned to the donor. Because donors undergoing pheresis often feel chilly, the pheresis area includes special heating panels.

"Now more than ever the Deaconess is relying on its in-house blood donors to supply the products we need for our patients," says Walter Dzik, M.D., director of the Blood Bank. "There has been a nationwide decline in volunteer blood donation because of misplaced fears about AIDS. [There is absolutely no risk of contracting AIDS by donating blood. The equipment used is sterile and has not been used before.] We've always had a group of loyal, high-quality donors here, and the hospital is committed to maintaining an active blood donor program."

"The new donor room is part of our effort to make donors feel welcome, to show them how much we appreciate them," Young says. "We're also going to be having several incentive programs for our donors in the coming months."

Moving the donor room made space available in the Blood Bank for the tissue typing lab, previously located on Palmer 6. The vacated space in Palmer will be used for Blood Bank research.



Blood Bank technologist Yung Wen Chien, M.T. (A.S.C.P.) (right), takes a donation from Mary Bogosian, R.N., Surgical Services, in the new donor room. Also donating is Sandra Powell, R.N., Surgical Services.

Fund raising is everybody's business

"The generous support of donors is an important reason why New England Deaconess Hospital has been able to offer the highest quality patient care for the past 90 years," says Willoughby Walling, director of External Resources. "Fund raising is even more important today, because government regulations limit the amount of money a hospital can earn from caring for patients. At the same time, new procedures and technologies aimed at giving better care are causing costs to rise."

During the 1984-85 fiscal year, more than $1.3 million was donated to the hospital through a number of fund raising efforts. "Our activity consists primarily of inviting former patients to contribute to the hospital," Walling says. "More than 90 percent of the funds we raise come from patients and their families. The money is used to purchase new equipment, pay for needed renovations, support research programs, and provide care for the poor and uninsured."

Many donors give to the hospital's annual appeal, which pays for the purchase of specified equipment or programs every year. Supporters also can designate that their gift be applied toward a particular effort, such as research in cancer, diabetes, or heart disease.

In addition to direct contributions, donors may choose to make a bequest to the Deaconess in their wills or to allocate a portion of their estate to the hospital while they are living, offering considerable financial advantages to both the hospital and the giver.

In recent years, External Resources has added new programs to its fund-raising efforts. These include the volunteer phonathon, the benefit evenings at the Copley Plaza, and the Deaconess Associates program, which encourages higher levels of giving to the annual appeal.

"Although fund raising is the job of External Resources," Walling says, "it is really everybody's business. The better the care and service patients receive from the hospital's staff and employees, the more likely it is that former patients will want to make a contribution in return. And the more money we raise, the more we are able to purchase the equipment and make the improvements that will allow our people to keep giving the best care."

New law continues provisions of Chapter 372

A new Massachusetts hospital reimbursement law was passed and signed into law by Governor Dukakis in December, superceding Chapter 372, the cost law in effect for the past three years. The new law, called Chapter 574, extends the provisions of Chapter 372 for non-Medicare payers during the next two years.

Chapter 372 required that all third-party payers reimburse hospitals under the same basic system. (Third-party payers are organizations such as Blue Cross/Blue Shield, Medicare, Medicaid, and private insurance companies that pay hospitals, physicians, and other organizations for health care services.) Under Chapter 372, Massachusetts was exempt from the Medicare Prospective Payment System (PPS), which reimburses hospitals for caring for Medicare patients according to Diagnosis Related Groups.

As reported in past issues of PULSE, Massachusetts hospitals were brought under PPS in October 1985. This meant Chapter 372 was no longer valid, since it depended on the participation of Medicare, the single largest third-party payer. However, the law did receive a three-month extension until the new legislation could be passed.

Under Chapter 574, the total amount a hospital can be reimbursed in a year still is limited to a maximum allowable cost, based on the hospital's costs during a base year (the 1981 fiscal year).

The new law also increases the amount that Blue Cross and private insurers contribute toward the care of uninsured patients, to make up for the approximately $20 million previously paid by Medicare. These funds will go into a statewide pool for payment to hospitals providing uncompensated care, removing any financial disadvantage to these hospitals.

The law also stipulates that hospitals place no restrictions on the care of Medicare patients and requires hospitals to give all Medicare patients written notice of their rights. It provides for Department of Public Health evaluation of the impact of PPS on quality of care, and establishes an advocacy office to handle any complaints.

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

Historical highlights

Baker Clinic housed diabetes treatment, research efforts

When the Baker Clinic of New England Deaconess Hospital opened on March 24, 1934, it represented the state of the art in diabetes care and research. The building was constructed primarily with funds bequeathed to the Deaconess by George Baker of New York for the construction of a facility to care for patients with chronic disease. The gift was made in honor of Elliott P. Joslin, M.D., who had made the hospital world-famous for diabetes treatment.

Before the construction of the Baker Clinic, diabetic patients were cared for in several locations, including Brodbeck Cottage, located on the site of the current Laundry and Maintenance building. The first insulin injection in New England was given there on August 7, 1922.

Baker Clinic brought all of the diabetes efforts together under one roof. In addition to offices and an admitting area, the first floor included a classroom for the all-important patient teaching and a room for foot care — what Joslin liked to call "the beauty parlor for diabetic feet." The second floor housed research labs, and the third through fifth floors were for patient rooms.

This photo of the Baker Clinic was taken from the roof of the Deaconess Building in 1934.

The patient floors included provisions for family members to stay with patients to learn to help with their care. The fifth floor included special areas for coma patients and pregnant women, and two wards for children. The children's area had a direct connection to a gymnasium in the "penthouse," which opened onto outdoor recreation areas — including swings and sandboxes — on the roof.

Today the work housed in the Baker Clinic continues. The Baker Research Lab was the direct predecessor of the present Elliott P. Joslin Research Lab at Joslin Diabetes Center. The concept of patient and family education that was the hallmark of diabetes treatment at the Deaconess is carried on at the Diabetes Treatment Unit operated by NEDH. Physicians and researchers at both institutions are exploring the basic mechanisms of the disease and are closing in on methods to prevent and even cure diabetes.

Elliott P. Joslin, M.D., lectures to diabetic patients in the Baker classroom in 1951. The classroom was located on the current site of the Baker 1 doctor's lounge.

King's birthday observed in chapel services

NEDH observed the first national holiday in honor of the late Martin Luther King Jr. with two special chapel services: one on January 15, King's birthday; and one on January 20, the official holiday. Both services included selections from King's speeches, appropriate readings from scripture, and music.

Guy L. Steele, director of Pastoral Care, says, "The services were well attended by people from all areas of the hospital, and several non-clergy members volunteered to help with the readings. There was a real feeling of an emerging spirit and a desire to mark this day."

Members of the Pastoral Care Department also prepared a display on the life and words of King that hung in the Farr lobby and in the chapel area the week before the holiday.

New disposal systems less costly, safer

New equipment and systems recently installed by the Department of Building Services to improve the handling and disposal of infectious materials will result in significant savings to the hospital and more safety for employees.

In the past, materials such as soiled bandages, dressings, and gloves were handled by an outside contractor, who incinerated them in a special facility at a cost of $100,000 per year. Now, these materials are steam sterilized in the hospital. The new sterilizer destroys any bacteria or viruses that may be present, so the material can be disposed of with regular waste. Purchased for $57,000, the sterilizer has paid for itself in less than a year. (A temporary halt in refuse collection at Boston hospitals in January was the result of a misunderstanding by disposal companies regarding the safety of steam sterilized waste. The Department of Public Health supported the disposal of sterilized waste by NEDH and other Boston hospitals, and service was reinstated.)

The new syringe destruction unit improves the disposal of "sharps" such as used needles, which previously were placed into cardboard boxes after use and taken outside the hospital for incineration. Now locked, lined plastic boxes are located in patient rooms, the surgical suites, in laboratories, and at any common point where sharps or syringes are used. The materials are dropped into the boxes immediately after use. The new system is safer because it is not necessary to recap used syringes — which sometimes led to accidental needle sticks — or to clip needles — which could spray hazardous materials.

The locked boxes are regularly replaced and taken to the disposal room. There the waste material is dumped — without being touched — into a machine that sterilizes, compacts, and encapsulates it into a solid mass that can be disposed of safely with other refuse. The containers are disinfected and relined before being returned to the floors.

"We are the first hospital in New England to implement this system," says Barbara Stank, manager of Building Services. "Not only will it reduce the hazards of disposing of sharps, but it also offers an efficient, cost-effective means of handling a difficult disposal problem. Along with the sterilizer, we should realize total savings of about $150,000 per year."

Frank Stafford, building services aide, dumps sharp waste materials into the syringe destruction unit, where they will be sterilized and compacted into a solid block that can be disposed of safely.

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Jerome Groopman, M.D., acting director of hematology/oncology, was featured on an NBC news special "Life, Death, and AIDS."
- Robert S. Lees, M.D., director of Medical Research, spoke on a new method for detecting the development of atherosclerosis on a segment that aired on NBC News and the Cable News Network.
- Takashi Maki, M.D., Ph.D., associate member, Cancer Research Institute; Anthony Monaco, M.D., chief of organ transplantation; and Richard Rohrer, M.D., transplant surgeon; discussed pancreas and islet cell transplantation for "New England Gazette" on Boston's Channel 2.
- Edward Mascioli, M.D., assistant director, Nutrition Support Service, was interviewed regarding the role of genetics in obesity for Channel 4's news.
- J. Leighton Read, M.D., internal medicine, was interviewed by Channel 4 regarding health care economics.
- Barbara Stank, manager of Building Services, discussed the hospital's response to the refusal of waste disposal companies to accept trash from Boston hospitals on the Channel 4 news.

Celebrate our 90th birthday

. . . with Deaconess ties, scarves, T-shirts, and mugs. These colorful items feature the Deaconess logo and make great gifts for Mother's Day, graduation, or just to join in the hospital's 90th anniversary celebration.

Crimson-and-navy striped ties are 100 percent silk. Cotton T-shirts, all-silk oblong scarves, and ironstone mugs are designed in pink and gray, the special anniversary colors. All items are available for purchase in the Gift Shop, and most can be ordered by mail using the attached coupon. (Mugs cannot be mailed because of the danger of breakage. They are available in the Gift Shop for $5.95 each.)

Order today and show your Deaconess spirit!

Gift shop volunteer Grace Tuckerman, a member of Friends of the Deaconess, tries on a grey and pink NEDH silk scarf. Scarves and other items with the hospital logo are available in the Gift Shop.

Men's ties
Quantity _____ @ $25.00

Scarves (10″ × 48″ oblong)
Quantity _____ @ $30.00

T-shirts — Adult
Quantity _____ @ $ 8.00
Size S____ M____ L____ XL____

T-shirts — Child
Quantity _____ @ $ 7.50
Size S____ M____ L____

Merchandise Total $_____

Shipping and handling $ 2.95

Grand total $_____

For mail orders: return this coupon with a check payable to "Friends of the Deaconess" to: Gift Shop, New England Deaconess Hospital, 185 Pilgrim Road, Boston, MA 02215.

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Address _____

City _____ State _____ Zip _____

Phone (____) _____

news in brief

Lloyd M. Aiello, M.D., chief of ophthalmology, cochaired a National Eye Institute Early Treatment Diabetic Retinopathy Study of laser treatment to reduce diabetic vision loss. First results of the study appeared in the *Archives of Ophthalmology.*

Murray M. Bern, M.D., hematologist, edited the book *Urinary Tract Bleeding: Diagnosis and Control by Medical, Radiologic, and Surgical Techniques.* Several NEDH staff members contributed to the publication.

Richard A. Carter, M.D., plastic surgeon, has joined the Department of Surgery. His practice includes cosmetic and reconstructive surgery, and he is also on staff at Brigham and Women's, Children's, and New England Baptist hospitals.

Thomas P. Cochran, M.D., orthopedic surgeon, has joined the Department of Surgery. He also is chief of orthopedics at the Veteran's Administration Hospital in West Roxbury and specializes in spinal problems and total joint replacement.

Walter Dzik, M.D., director of the Blood Bank, and medical technologist **Joyce Blank, M.T., (A.S.C.P.),** published an article on suppressed enzymatic expression of group B antigen in *Blood.*

Mary Doucet, R.N., C.C.R.N., ICU/CCU unit teacher, coauthored an article on an urban consortium for critical care education, published in *Journal of Continuing Education in Nursing.*

Z. Myron Falchuk, M.D., gastroenterologist, was the keynote speaker at the annual meeting of the Argentinian Gastroenterology Society.

Richard Floyd, assistant director, was recently admitted to the American College of Healthcare Executives.

Benjamin Gerson, M.D., director of clinical chemistry, spoke on the role of free drug monitoring to the Eastern Analytical Symposium.

Steven R. Goldring, M.D., chief of rheumatology, was named associate editor of the journal *Bone.*

Jerome Groopman, M.D., acting chief of hematology/oncology, spoke on AIDS to the annual medical symposium of the Massachusetts Division, American Cancer Society.

Clifford L. Kass, M.D., urologist, has joined the Department of Surgery. He recently completed his training at the Lahey Clinic and also will be associated with the Glover and Leonard Morse Hospitals.

William T. Lockard, M.D., administrative pathologist, was appointed chairman of an American Society of Clinical Pathologists committee to develop a national organization for pathology residents.

Diane McKinnon, R.N., Farr 9 staff nurse, spoke on nursing care of the patient with AIDS to Falmouth Hospital and the Black Nurses Association.

A. S. Niewenhous, assistant safety and security manager, became chairman of the Longwood Medical Area Committee on Security.

John J. Pippin, M.D., cardiology fellow, spoke on infective endocarditis to the American College of Cardiology Intramural Conference.

Lawrence J. Rand, M.D., opthalmologist, was a guest lecturer at a diabetic retinopathy course at Johns Hopkins University. He coauthored an article on proliferative diabetic retinopathy, published in the *New England Journal of Medicine,* with several NEDH and Joslin staff members.

Carl A. J. Rasmussen Jr., M.D., cardiologist, has joined the Department of Medicine. He was previously at the Brigham and Women's Hospital and his practice includes treatment of arrhythmia.

Thanjavur S. Ravikumar, M.D., surgical oncologist, has joined the Department of Surgery. He was formerly associated with the Downstate Medical Center and Maimonides Hospital in New York, and his work will include research in tumor biology.

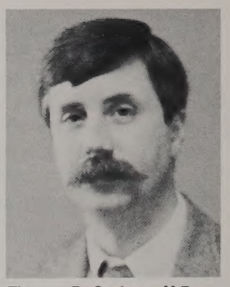
Henry F. Sears, M.D., surgical oncologist, has joined the Department of Surgery. Previously at the Fox Chase Cancer Center and the Wistar Institute in Philadelphia, he works with gastrointestinal tumors and immunotherapy with monoclonal antibodies.

Miles Shore, M.D., chief of psychiatry, was appointed director of a program, sponsored by the Robert Wood Johnson Foundation and the U.S. Department of Housing and Urban Development, to improve the delivery of services to the chronically mentally ill.

Arthur J. Sytkowski, M.D., internist/hematologist, has joined the Department of Medicine. Previously with the pediatric hematology department at Children's Hospital, he will be doing research into control of blood cell development.

Donna Walsh, M.T. (A.S.C.P.), chemistry laboratory supervisor, copresented a workshop on clinical chemistry instrumentation to the fall meeting of the American Society of Clinical Pathologists.

Jeffrey N. Weiss, M.D., opthalmologist, was visiting professor at the Tri-Service General Hospital, Taipei, Taiwan.



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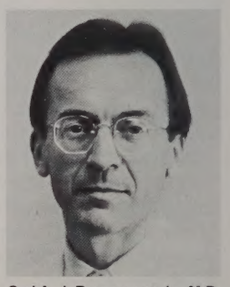
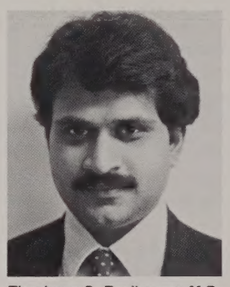


Carl A. J. Rasmussen Jr., M.D.



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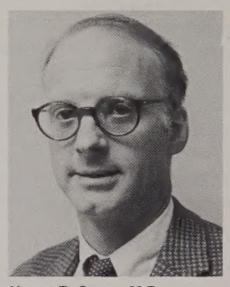
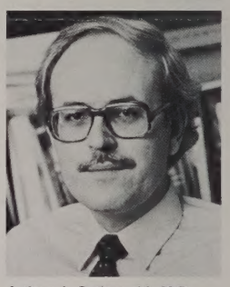


Henry F. Sears, M.D.



Arthur J. Sytkowski, M.D.

90th anniversary party (see page 1)

Patient Philip Oddo receives a carnation from Jean Champagne, Admitting, as part of the 90th anniversary celebration.

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